

Delbert Hosemann SECRETARY OF STATE					
	OCT 3 1 2011	J			
-	Secretary of State				

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Name of Candidate Hob Bryan	Secretary of State
Address BOX 75 Amony, Mississippi 38821 county Monroe	Capitor Onice
Telephone (662) 256-9601 Fax	
Office Sought Senate, District 7 Political Party Democran	tic
Email Address	
Check here if above is different from previous report	
<b>May 10, 2011 Periodic Report</b> (January 1, 2011, through April 30, 2011)	Mandatory
	Mandatory
	Mandatory
July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011)	Primary Candidates
August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)Run	off Candidates Only
October 10, 2011 Periodic Report (July 1, 2011, through September 30, 2011)	Mandatory
November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011)	Mandatory
November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)Run-	off Candidates Only
January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011)	Mandatory
Termination Report (Candidate will no longer accept contributions or make  Campaign expenditures and has no outstanding campaign debt obligation)	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In surshall submit a report indicating "0" (Zero) for total amount of reported contributions and expendit  (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in acco	ures during this period
Ann. § 23-15-807 (b) (ii) and (iii).	dance many
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting of falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. day before the deadline. Faxed reports are acceptable.	day. If the deadline n. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-Itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$4,500.00+\$ \$4,500.00 \$	34,478,10
Total amount of disbursements \$ +\$ 1,280,00 \$	4,901,82

otal amount of cash on hand \$136,680,70

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. October 31, 2011

Total amount of cash on hand

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement. Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Page	of	2

Reporting period <u>October 1, 2011</u> through <u>October 29, 2011</u>

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		6 (500 cd
Comcast Corporation		\$ 500.00
Mailing Address		\$
One Comcast Center 1701 JFK Blvd.		3
City, State, Zip Code		
Philadelphia, PA 19103-2838		\$
Name of Employer (Required)		
Name of Employer (Nedamod)		\$
Occupation (Required)	Aggregate	\$ 500.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (places and if i)	(Mo., Day, Year)	receipt
Other (please specify)	1000010-11010-1101	this period
Full name		\$ 500.00
Gulf States Toyota, Inc.	Tames I Commit I Commit	+ [ 500.00
Mailing Address		\$
1325 Enclave Parkway		9
1375 Enclave Parkway City, State, Zip Code		
Houston, TX 77077		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate	\$ 500.00
	yearto-date	\$ 500.00
	year-to-date	1.000
C. Source Corporation PAC Individual Loan	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)		1.0. 9
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt
Full name Abbott Laboratories Employee PAC Mailing Address	Date	Amount of each receipt this period
Full name Abbott Laboratories Employee PAC Mailing Address	Date	Amount of each receipt this period
Other (please specify)  Full name Abbott Laboratories Employee PAC	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
Full name Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code	Date	Amount of each receipt this period
Full name Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 14 60064-6028	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \)
Full name Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
Full name Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 14 60064-6028	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \)
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, IL 60064-6028  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \]  \$ \[ \verline{500.00} \]
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, IL 60064-6028  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \) \$ \( \frac{500.00}{} \)  Amount of each
Other (please specify)  Full name Abbott Laboratories Employee PAC  Mailing Address  IOO Abbott Park Road  City, State, Zip Code  Abbott Park, IL 60064-6028  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \)  \$ \( \frac{500.00}{} \)  Amount of each receipt
Other (please specify)  Full name  Abbott Laboratories Employee PAC  Mailing Address  Ioo Abbott Park Road  City, State, Zip Code  Abbott Park, IL 60064-6028  Name of Employer (Required)  Occupation (Required)  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \overline{300.00} \)  \$ \( \overline{300.00} \)  \$ \( \overline{300.00} \)  Amount of each
Full name  Abbott Laboratories Employee PAC  Mailing Address  Loc Abbott Park Road  City, State, Zip Code  Abbott Park, IL 60064-6028  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \) \$ \( \frac{500.00}{} \)  Amount of each receipt this period
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 12 60064-6028  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mississippi Heacth Care Association Political Action Compiler.	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \) \$ \( \frac{500.00}{} \)  Amount of each receipt this period
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 12 60064-6028  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mississippi Heacth Care Association Political Action Compiler, Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \frac{500.00}{} \) \$ \( \frac{500.00}{} \)  Amount of each receipt this period
Full name Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 12 60064-6028  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mississippi Heacth Care Association Political Action Committee, Mailing Address  1076 Highland Colony Pkyry, Ste. 125	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \]  \$ \[ \vertice{500.00} \]  Amount of each receipt this period  \$ \[ \overline{1000.00} \]
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 12 60064-6028  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mississippi Headth Care Association Political Action Cormitae, Mailing Address  1076 Highland Colony Pkwy, Ste. 125  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \]  \$ \[ \vertice{500.00} \]  Amount of each receipt this period  \$ \[ \overline{1000.00} \]
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 1L 60064-6028  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mississippi Heacth Care Association Political Action Cormitae, Mailing Address  LCC  1076 Highland Colony Pkny, Ste. 125  City, State, Zip Code  Ridgeland, MS 39157	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \]  \$ \[ \vertic{500.00} \]  Amount of each receipt this period  \$ \[ \overline{1000.00} \]  \$ \[ \vertic{1000.00} \]
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 12 60064-6028  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mississippi Headth Care Association Political Action Cormitae, Mailing Address  1076 Highland Colony Pkwy, Ste. 125  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \] \$ \[ \square \text{500.00} \]  Amount of each receipt this period  \$ \[ \overline{1000.00} \] \$
Full name  Abbott Laboratories Employee PAC  Mailing Address  100 Abbott Park Road  City, State, Zip Code  Abbott Park, 1L 60064-6028  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mississippi Heacth Care Association Political Action Cormitae, Mailing Address  LCC  1076 Highland Colony Pkny, Ste. 125  City, State, Zip Code  Ridgeland, MS 39157	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \[ \overline{500.00} \] \$ \[ \square \text{500.00} \]  Amount of each receipt this period  \$ \[ \square \text{1000.00} \] \$ \[ \square \text{1000.00} \]

Name of Candidate or Committee Hob Bryan 1, 2011 through October 29, 2011
ITEMIZED RECEIPTS Reporting period Otober 1, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 500.00
Mailing Address Group, LLC		\$
GOZ Crescent Place Ste. 100 City, State, Zip Code		\$
Ridaeland, MS 39157 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name Waygreen'S		\$ 300.00
Mailing Address		\$
104 Wilmot Rd., MS # 1444		-
Deer Field, IL 60015		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Bayer Healthcare LLC		\$ 500.00
Mailing Address  444 Pembrooke Dr.		\$
City, State, Zip Code		\$
Madison, MS 39110		9
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation   PAC   Individual Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 500.00
Atmos Energy Corporation PAC		1 200.00
Malling Address 3430 LBJ Freeway Suite 160		\$
City, State, Zip Code Daulas, TX 75240	- [[,[]	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00